

13.d Rehabilitative Services (Continued).

Single state agency.

- F. The provider must maintain records and submit reports and other information specified by the single state agency.

Chemical Dependency Treatment Facility Services. (See EPSDT item 4.b)

A. Mental Health Rehabilitative Services - Service Definitions

Mental Health Rehabilitative Services are those age appropriate services determined via a uniform assessment protocol and recommended by a licensed practitioner of the healing arts as medically necessary to reduce an individual's disability resulting from mental illness and to restore to or maintain that individual at his best possible functioning level in the community. In addition to a determination of need based on the uniform assessment protocol, eligible individuals residing in a nursing facility (NFs) must have been determined through PASARR to require specialized services.

1. Plan of Care Requirements

- a. Initial Authorization - Each person determined to need Mental Health Rehabilitative Services must have a plan of care that describes in writing the type, amount and duration of Mental Health Rehabilitative Services medically necessary to reduce the disability that results from the individual's mental illness, restore the functioning of the individual, and/or maintain the individual at his or her highest possible level of functioning. The plan of care must be developed by a Medicaid enrolled provider of Mental Health Rehabilitative Services, and the individual must be seen by a licensed practitioner of the healing arts, working under the auspices of the enrolled provider of Rehabilitative Services and practicing within the scope of his/her licensure, who will prescribe and/or approve the plan of care.
- b. Continued Authorization - The licensed practitioner of the healing arts, working under the auspices of the enrolled provider of Mental Health Rehabilitative Services and practicing within the scope of his/her licensure will see the individual and review and update the plan of care as medically necessary, but not less than once every 90 days.

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2. Mental Health Rehabilitative Services include:

a. Community Support Services -

Services are provided on a one-to-one or small group basis, either on-site or in the community. Services are designed to ameliorate mental and functional disabilities that negatively affect community integration, community tenure, and/or quality of life, and to reduce or manage those symptoms of and/or behaviors resulting from mental illness that interfere with an individual's ability to obtain or retain employment or to function in other non-work, role appropriate settings. These mental health rehabilitative services include but are not limited to:

Symptom Management and Support Services - age-appropriate individualized training and supports available on a 24-hour basis, seven days a week, to enable individuals with mental illness to obtain and maintain optimal functioning. Activities include but are not limited to: nursing and medication monitoring services, behavioral skills training for stress and symptom management, reality orientation to help the individual identify and manage their symptoms of mental illness, supportive counseling in times of crisis, and training to adapt to and cope with stressors.

Community Living Skills Training - age-appropriate skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Training for independent living may include, but is not limited to, skills related to personal hygiene; household tasks; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, dental care, legal services, living accommodations; and social skills, e.g., communicating one's needs to strangers and making appropriate choices for the use of leisure time.

Employment related services - age appropriate training and supports that are not job specific and have as their focus the development of skills to reduce or overcome the symptoms of mental illness that interfere with the individual's ability to make vocational choices, attain or retain employment. Included are activities such as skills training related to task focus, maintaining concentration, task completion, planning and managing activities to achieve outcomes, personal hygiene, grooming and communication, and skills training related to securing appropriate clothing, developing natural supports, and arranging transportation. Also included are supportive contacts in school or on or off the work-site to reduce or manage behaviors or symptoms related to the individual's mental illness that

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interfere with job performance or progress toward the development of skills that would enable the individual to obtain or retain employment.

b. Day Program Services -

Day Program for Acute Needs - intensive site-based age-appropriate services provided to individuals who require services in order to control symptoms and prevent hospitalization or reduce the amount of time spent in a hospital. Services focus on intensive, medically-oriented, multidisciplinary interventions such as behavior skills training, crisis management and nursing services that are designed to stabilize acute psychiatric symptoms.

Day Program for Skills Training - age appropriate site or school-based services provided to individuals who require skills training to increase community tenure, establish support networks, increase community awareness, develop coping strategies, and function effectively in their social environment (family, peers, school). Services focus on the amelioration of mental and functional deficits through skills training activities focusing on symptom management, independent living, self-reliance, non-job-task specific employment interventions, impulse control, and effective interactions with peers, family and teachers.

Day Program for Skills Maintenance - age appropriate site-based services provided to individuals who are in need of day program services to ensure personal well being, to limit skill deterioration, and to reduce the risk of or duration of institutionalization. Services focus on the maintenance of functional skills, symptom management and reduction, nursing services, and training in activities of daily living such as skills related to the development of age-appropriate interests and personal care skills.

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c. Plan of Care Oversight -

A face-to-face functional assessment and/or evaluation of the eligible individual, performed by a licensed practitioner of the healing arts, working under the auspices of the enrolled provider and practicing within the scope of his/her licensure, for the purposes of determining the individual's continued need for and the effectiveness of the Mental Health Rehabilitative Services prescribed in the individual's plan of care and approving (or amending and approving) a plan of care for the next service period. Plan of care oversight services are provided as medically necessary, but not less than once every 90 days. Arrangements for this service are limited to individual practitioners, professional associations, and institutions of higher learning that are directly accountable to the enrolled provider.

3. Mental Health Rehabilitative Services do not include any of the following:

- a. services to inmates in public institutions as defined in 42 CFR 435.1009;
- b. services to individuals under 65 years of age residing in institutions for mental diseases as described in 42 CFR§435.1009(2);
- c. job task specific vocational services;
- d. educational services;
- e. room and board residential costs;
- f. services that are an integral and inseparable part of another Medicaid-reimbursable service, including but not limited to, targeted case management services, institutional and waiver services;
- g. services that are covered elsewhere in the state medicaid plan;
- h. services to individuals with a single diagnosis of mental retardation or another developmental disability and no co-occurring diagnosis of mental illness;
- i. inpatient hospital services;
- j. respite services;
- k. family support services;

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B. Provider Qualifications - To enroll as a provider of Mental Health Rehabilitative Services and to maintain active provider status, an applicant/enrolled provider agency must:

1. Demonstrate a history of providing to adults and children, as well as a capacity to continue to provide to adults and children, a readily accessible, comprehensive, integrated, and well-coordinated system of services and supports, beneficial to adults and children who have been determined to need Mental Health Rehabilitative Services, that includes all of the Mental Health Rehabilitative Services reimbursable under this plan, and be either:

a. a governmental or non-governmental entity designated as a local mental health authority in accordance with §534.054 of the Texas Health and Safety Code that is in compliance with and maintains on-going compliance with the Texas Department of Mental Health and Mental Retardation's Community Mental Health Standards (25 TAC 408 Subchapter B); or

b. a corporation authorized to do business in the State of Texas that demonstrates, through the implementation of written and readily available policies, procedures, and practices and on-site confirmation thereof, compliance with standards of care promulgated by the single state agency or its designee with the approval of the single state agency, that are comparable to those required of providers qualifying under 13d(B)(1)(a) and assure:

- (1) The safety, health, rights, privacy and dignity of persons receiving Mental Health Rehabilitative Services.
- (2) Access to emergency services, including, but not limited to, a 24-hour-a-day, 365-day-a-year staffed telephone screening and crisis response system, immediate access to emergency medical and psychiatric services, and immediate face-to-face assessment by qualified mental health professional staff, including physicians.
- (3) Competency of staff (including volunteers, interns, and students), appropriate to job duty, including licensure commensurate with state law, and sufficient numbers of staff to ensure safety and adequacy of programming, including emergency responses within programming.
- (4) Physical separation of children and adults in residential and other program settings.
- (5) Compliance with the most recent edition of the National Fire Protection Association's *Life Safety Code* and certification, registration, or licensure, as applicable, for all inpatient

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and residential facilities utilized for services provided directly or under arrangement.

- (6) Communication with recipients in a language and format understandable to the recipient through the provision of interpretive services; translated materials; and use of native language and staff.
 - (7) The use of a record system that ensures the integrity of the individual record; provides for organization of content and storage of records; is administered by an appropriately trained and credentialed individual; and is consistent with all federal, state, and local laws and regulations pertaining to storage of records.
 - (8) A quality improvement process, that includes a plan and an annual self-evaluation of performance, that is based on valid data-driven decisions including both clinical and non-clinical aspects of care.
 - (9) An infection control plan approved by a physician which includes prevention, education, management, and monitoring of significant infections.
 - (10) A peer review process that promotes sound clinical practice, professional growth, and credentialing within the provider agency, and that abides by generally accepted guidelines and applicable laws, including necessary investigatory processes to comply with licensing requirement.
 - (11) A utilization management program which utilizes a formal assessment of medical necessity, efficiency and/or clinical appropriateness of services and treatment plans on a prospective and concurrent basis, reviews services using established protocols, and allows for an objective appeal process.
2. Assure that covered services are provided to recipients by professional or paraprofessional staff who meet credentialing, competency, and/or training requirements promulgated by the single state agency or its designee, with the approval of the single state agency.
- (1) Professional staff include individuals with at least a bachelor's degree from an accredited college or university and a major in social, behavioral, or human

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services, and individuals who are registered nurses. Professional staff must be clinically supervised by a licensed practitioner of the healing arts. All professional staff must demonstrate competency in the work performed.

- (2) Paraprofessional staff include mental health technicians and licensed vocational nurses who have received training in and demonstrate competency appropriate to their area of responsibility. Paraprofessional staff are clinically supervised by professional staff.
3. Comply with all federal, state, and local laws and regulations applicable to Mental Health Rehabilitative Services and the Texas Medical Assistance Program.
 4. Sign a written provider agreement with the single state agency or its designee. By signing the agreement, the provider of mental health rehabilitative services agrees to comply with the terms of the agreement and all requirements of the Texas Medical Assistance Program, including regulations, rules, provider manuals, standards, policy clarification statements, and guidelines published by the single state agency or its designee.
 5. Document and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the single state agency or its designee.
 6. Allow access by the single state agency or its designee to the recipient and the recipient's records when necessary to carry out the single state agency's responsibilities.
 7. Demonstrate a history of providing, as well as the capacity to continue to provide the comprehensive system of services and supports required by 13d(B)(1) to, and as needed by, individuals required to submit to mental health treatment under the Texas Code of Criminal Procedure, Article 17.032 (relating to Release on Personal Bond of Certain Mentally Ill Defendants), or Article 42.12, Section 5(a) or Section 11(d) (relating to Community Supervision); and to, and as needed by, individuals required to submit to mental health treatment due to involuntary commitment for outpatient treatment under the Texas Health and Safety Code, Chapter 573 (relating to Emergency Detention) and Chapter 574 (relating to Court Ordered Mental Health Services).

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8. Request criminal history record information on all employees and applicants to whom an offer of employment or volunteer status is made, as authorized in the Texas Health and Safety Code §533.007 and the Texas Government Code §411.115, and ensure that no volunteer or employee of the enrolled provider, contracted employee of the enrolled provider, or employee or volunteer of a provider delivering rehabilitative services under arrangement who has a criminal history is allowed to provide services to or interact with persons receiving Mental Health Rehabilitative Services.
9. Comply with state policies and procedures pertaining to financial audits and cost reports as determined by the state auditor and/or the single state agency or its designee, with approval of the single state agency.
10. Ensure that when services are provided under arrangement the provider delivering those services under arrangement:
 - a. Complies with all applicable federal, state, and local laws and regulations pertaining to mental health rehabilitative services.
 - b. Has in effect an agreement with the enrolled provider agency stipulating that the provider delivering services under arrangement complies with all requirements of the Texas Medical Assistance Program, including regulations, rules, provider manuals, standards, policy clarification statements, and guidelines.
 - c. Is in compliance with all standards applicable to the provision of Mental Health Rehabilitative Services, as promulgated by the single state agency or its designee, with approval by the single state agency, through rules, regulations, provider manuals, policy clarifications, guidelines, and other documents.
11. Retain responsibility for Mental Health Rehabilitative Services provided directly or under arrangement.

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14.a Services for individuals age 65 or older in Institutions for Mental diseases - Inpatient Hospital Services.

- 1) Eligible population. Inpatient hospital services in an institution for mental disease are limited to individuals:
 - A. who 65 years old or older;
 - B. who have one or more mental diseases;
 - C. who have no acceptable alternative treatment;
 - D. for whom the single state agency or its designee has determined inpatient hospital services in an institution for mental disease to be reasonable and medically necessary.
- 2) Definition of services. Inpatient services in an institution for mental disease include but are not limited to:
 - A. initiation, titration and/or change in medication;
 - B. monitoring and assessing by qualified mental health professionals;
 - C. suicide precautions;
 - D. redirection of inappropriate behaviors and/or reinforcement of appropriate behaviors;
 - E. group and individual therapies;
 - F. structured skills training activities;
 - G. room and board; and
 - H. nursing services.
- 3) Provider qualifications. All providers seeking to provide inpatient hospital services in an institution of mental disease must:
 - A. submit an approved application for enrollment through means established by the single state agency or its designee;
 - B. meet the Medicare conditions of participation specified in 42 CFR 482.60;
 - C. be accredited by the Joint Commission on Accreditation of Healthcare Organizations;
 - D. if applicable, be licensed as a psychiatric hospital under the provision of the Health and Safety Code, Chapter 577;
 - E. meet the requirements of 42 CFR 440.140(a) pertaining to providers of inpatient hospital services in institutions for mental disease;
 - F. be in compliance with applicable standards promulgated by the state mental health authority as provisions of the Texas Administrative Code, Title 25, Part II, Chapters 401, 402, 403, 404, 405, and 408, relating to patient care and treatment in inpatient mental health facilities;

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3) Provider Qualifications. (Continued)

- G. be serving a patient population in which more than 50 percent currently require institutionalization because of mental disease;
- H. have a consistent historical pattern of accepting involuntary admissions;
- I. assure, within a written provider agreement the capacity to: admit, readmit from alternative care, and treat both eligible persons voluntarily seeking services under the provision of the Health and Safety Code, Chapter 572 and persons lawfully compelled to accept inpatient mental health treatment under the provisions of the Health and Safety Code, Chapters 573 and 574;
- J. ensure that inpatient hospital care will maintain the patient at, or restore the patient to, the greatest possible degree of health and independent functioning; and
- K. allow access by the single state agency or its designee to the institution, the patient, and the patients records when necessary to carry out the agency's responsibilities and provide access to records in accordance with the provisions of Title 42 Code of Federal Regulations §431.107.

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